ENTRY BLÁN	K		
PLEASE TYPE O	R PRINT	Entered pr	evious May Show
☐ Ms. Mr. Artist	Steve C	yes agan	□ no
Permanent 33 Address	Steve Co	erlook	Cleve H
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Temporary Address			
	reet		City
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Zip	Area Code	^	1
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Born in Cuyahoga	County	□-No	
Collaborator	(If Any)		
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	ons nclude below instru e assembled and dis		rawing of how
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THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Square

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1976 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	Steve Cogon
Address	3314 E. Overlook
City & State	Clave. Hts OH Zip 44/18

Dates for Pick-up of Objects

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects November 15 through November 27

Accepted Objects

January 10 through January 15

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE					
This is your only receipt to claim your objective will be mailed to you following judging.		جار			
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